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IHC HOME CARE SERVICES SANPETE 85 WEST MAIN

PROVIDER #: 467016 PHONE NUMBER: (435) 462-3431

TYPE ACTION: RECERTIFICATION
TYPE FACILITY: OFFICIAL HEALTH MOUNT PLEASANT UT 84647 PARTICIPATION DATE: 08/01/1980 TYPE OWNERSHIP: VOLUNTARY NON-PROFIT - OTHER STATE'S REGION CODE: 001

PROGRAM REQUIREMENTS

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS

CURRENT SURVEY REVISIT DATES -

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PRIOR 3 PRIOR 2 PRIOR 1 CURRENT SURVEY SURVEY SURVEY SURVEY 11/1998 11/1999 10/2002 09/29/2005 PLAN/DATE OF CORRECTION

G0230-SUPERVISORY VISITS IF NO SKILLED CARE NO LESS THAN ONCE E G0236-RECORD WITH PAST/CURRENT FINDINGS MAINTAINED FOR ALL PATI X STD

STD C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED

\* = REGIONAL OFFICE FLAG (INCLUDES COPS) ELE = ELEMENT STD = STANDARD COP = CONDITION

TYPE OF DEFICIENCY	CURRENT SURVEY	PRIOR 1 SURVEY	PRIOR 2 SURVEY	PRIOR 3 SURVEY
CONDITION	0		0	0
STANDARD	0	0	2	0
REGIONAL OFFICE FLAG (INCLUDES COPS)	0	0	0	0
HEALTH TOTAL	0	0	2	0

STATUS OF DEFICIENT COPS

CURRENT SURVEY

DEFICIENCY NOT DEFICIENCY CORRECTED REPEAT COP AFTER APPROVAL CORRECTED DEFICIENCY 0 COP Ω Ω

COMPLAINT SURVEY INFORMATION

\* NO COMPLAINT SURVEYS FOR THIS FACILITY

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY